


<b>Anforderung Molekularpathologie</b>		<b>Pathologie Nordhessen</b>	Pathologie Nordhessen 
<b>Pat.-Name, Pat.-Vorname</b> <hr/> <b>Adresse (bei Privatversicherten)</b> <hr/> <b>Geburtsdatum</b> <input type="checkbox"/> w <input type="checkbox"/> m <input type="checkbox"/> d <hr/> <b>Ihre Eingangsnummer</b> <hr/>		<b>Versicherungsstatus</b> <input type="checkbox"/> KV (Bitte Ü-Schein!) <input type="checkbox"/> Privat (Bitte Adresse angeben!) <input type="checkbox"/> Privat stationär <input type="checkbox"/> stationär (Bitte Kostenträgerangabe!) <hr/> <hr/>	<b>Absender/Praxisstempel</b> <hr/> <hr/>
<b>Diagnose</b> <hr/> <b>Fragestellung</b> <hr/>		Pathologie Nordhessen <b>Tumorzellgehalt in %:</b> <b>(Markiertes Areal)</b> <hr/>	Pathologie Nordhessen    Barcode: <hr/> HZ: <hr/> Eingang <hr/>

EILT

<b>Lunge:</b> <input type="checkbox"/> EGFR (Ex. 18, 19, 20, 21)* <input type="checkbox"/> KRAS (Ex. 2, 3, 4)* <input type="checkbox"/> BRAF (Ex. 15)* <input type="checkbox"/> ALK/EML4 Inversion <input type="checkbox"/> ERBB2/Cen17 Amp. <input type="checkbox"/> FGFR1/Cen8 Amp <input type="checkbox"/> KIF5B Trans. <input type="checkbox"/> MET/Cen7 Amp. <input type="checkbox"/> NRG1 Trans. <input type="checkbox"/> NTRK1-3 Trans. <input type="checkbox"/> RET Trans. <input type="checkbox"/> ROS1 Trans.	
<b>Magen &amp; Darm:</b> <input type="checkbox"/> KRAS (Ex. 2, 3, 4)* <input type="checkbox"/> NRAS (Ex. 2, 3, 4) & BRAF (Ex. 15)* <input type="checkbox"/> Mikrosatelliteninstabilität (MSI)* <input type="checkbox"/> ERBB2/Cen17 Amp.	
<b>Sarkome:</b> <input type="checkbox"/> DDIT3 (CHOP) Trans. (myxoides LipoS.) <input type="checkbox"/> ETV6 Trans. (infantiles FibroS.) <input type="checkbox"/> EWSR1/FLI1 Trans. (Ewing-S.) <input type="checkbox"/> FOXO1 Trans. (RhabdomyoS.) <input type="checkbox"/> FUS Trans. (myxoides LipoS., low grade FibromyoidS.) <input type="checkbox"/> JAZF1 Trans. (endometriales StromaS.) <input type="checkbox"/> MDM2/Cen12 Amp. (LipoS.) <input type="checkbox"/> MYC/Cen8 Amp. (AngioS.) <input type="checkbox"/> NR4A3 Trans. (extraskellettales myxoides ChondroS.) <input type="checkbox"/> PDGFB Trans. (Dermatofibrosarcoma protuberans) <input type="checkbox"/> RMSI (PAX3/FOXO1) Fusion (RhabdomyoS.) <input type="checkbox"/> RMSII (PAX7/FOXO1) Fusion (RhabdomyoS.) <input type="checkbox"/> SS18 (SYT) Trans. (SynovialS.) <input type="checkbox"/> TFE3 Trans. (alveoläres S.) <input type="checkbox"/> USP6 Trans. (noduläre Faszitiis/ AKZ) <input type="checkbox"/> WT1 Trans. (DSRCT) <input type="checkbox"/> WWTR1 Trans. (epitheloides Hämangioendothelium) <input type="checkbox"/> YWHAE Trans. (endometriales StromaS.)	
<b>Lymphom:</b> <input type="checkbox"/> BCL-2 Trans. (follikuläres L.) <input type="checkbox"/> BCL-6 Trans. (follikuläres L.) <input type="checkbox"/> CCND1 Trans. (Mantelzell-L.) <input type="checkbox"/> IGH Trans. (B-Zell-L.) <input type="checkbox"/> MALT1 Trans. (Marginalzonen-L.) <input type="checkbox"/> MYC Trans. (Burkitt-L., diffus großzell. B-Zell-L.) <input type="checkbox"/> EBER In-situ-Hybridisierung (EBV)	
<b>Hämatologische Erkrankungen:</b> <input type="checkbox"/> BCR/ABL1 Fusion (CML) <input type="checkbox"/> 4q12 Rearrangement (FIP1L1/PDGFRα) (HES/ CEL)	
<b>Mamma:</b> <input type="checkbox"/> ERBB2/Cen17 Amp. <input type="checkbox"/> Genexpressionstest (EndoPredict)	(Bitte frei lassen)
<b>Gliome:</b> <input type="checkbox"/> IDH1-2* <input type="checkbox"/> 1p36/1q25 Del. und 19q13/19p13 Del.	
<b>Melanom:</b> <input type="checkbox"/> NRAS (Ex. 2, 3, 4) & BRAF (Ex. 15)*	
<b>Gallengangskarzinom:</b> <input type="checkbox"/> IDH1-2* <input type="checkbox"/> Mikrosatelliteninstabilität (MSI)* <input type="checkbox"/> ERBB2/Cen17 Amp. <input type="checkbox"/> FGFR2 Trans. <input type="checkbox"/> NRG1 Trans. <input type="checkbox"/> NTRK1-3 Trans. <input type="checkbox"/> ROS1 Trans.	
<b>Ophthalmopathologie:</b> <input type="checkbox"/> NMYC/2q11 Amp.	
<b>weitere solide Tumoren:</b> <input type="checkbox"/> CCND1-BA/2q11/Cen6 (Niere) <input type="checkbox"/> CDKN2A (p16)/Cen9 Del. (Mesothelium) <input type="checkbox"/> ERG-TMPRSS2 Inversion (ProstataCa.) <input type="checkbox"/> FGFR1 Trans. <input type="checkbox"/> FGFR3/4p11 Amp. <input type="checkbox"/> RB1/13q12 Del. (Retinoblastom etc.) <input type="checkbox"/> TFE3 Trans. (NierenzellCa., alveoläres WeichteilS.) <input type="checkbox"/> VHL/Cen3 Del. (Niere) <input type="checkbox"/> VHL/1p12/Cen7/Cen17 (Niere)	
<b>NGS-Panel:</b> <input type="checkbox"/> Fragestellung:	

\*Idylla